

RESEARCH RECRUITMENT SCRIPT

Dear freshmen or sophomore student,

My name is Jody Wall and I am a senior in the School of Allied Medicine, Division of Medical Dietetics. For my Senior Honors project, I am conducting a survey for my study entitled, "The Factors Associated With Dietary Supplement Use Among College Students."

My advisor, Dr. Geraghty and I understand that your time is valuable and appreciate your participation. We would like to thank you for taking the time to complete this survey. This survey will take approximately 10-15 minutes to complete. This study and survey is not funded nor sponsored by any organization. This survey is completely voluntary and the completion of the survey is not related to any course or grade.

At the completion of this study, you will have the opportunity to submit your name, if you choose to do so, to be entered into a drawing to win one of four \$50 gift certificates to Buffalo Wild Wings. Only those who participate will be eligible to submit their name. Your responses are in NO WAY linked to your name if you choose to submit that information. Your survey responses will be kept completely confidential.

If you have any trouble accessing this survey, please contact
Maureen.geraghty@osumc.edu

Thank you again for your time and participation.

Jody Wall

Jody Wall, Undergraduate Student
Medical Dietetics

Maureen Geraghty

Maureen E. Geraghty Ph.D., R.D., L.D.
Assistant Professor, Medical Dietetics
The School of Allied Medical Professions
College of Medicine

SURVEY CONSENT

Please read the following survey consent and choose the most appropriate response. You cannot continue with this survey until you have completed the survey consent. Note: If you have completed this survey without acknowledging the survey consent information, please contact the researcher at Maureen.geraghty@osumc.edu. Thank you.

Please click the appropriate response for each of the following questions which indicate that you understand all of your rights, the parameters of this study, and consent to participating in this research. If you disagree with ANY of the following responses, you will not be permitted to complete the survey and we thank you for at least accessing the survey.

The researcher's contact information is provided below:

Maureen E. Geraghty Ph.D, R.D., L.D.

Associate Professor

The Ohio State University

School of Allied Medical Professions

Medical Dietetics Division

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453 W.10th Ave

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	Agree	Disagree
1) This survey is voluntary	_____	_____
2) You do not have to leave you personal Information if you want to remain anonymous	_____	_____
3) This survey will not collect any individually Identifiable information	_____	_____
4) You must be 18 years or older to complete this survey	_____	_____
5) The information you provide will be used for this research only	_____	_____
6) The survey results will be retained for three years after completion of the research. All records are accessible for inspection and copying by authorized representatives at The Ohio State University	_____	_____

- 7) The researcher is an undergraduate student from The Ohio State University. There is no explicit or implied indication that “The Ohio State University” is involved with this survey, nor will The Ohio State University be responsible for the survey _____
- 8) This survey will continue for five weeks, Starting on January 3, 2008 and ending On February 7, 2008. _____
- 9) The results of this study will be available Upon completion of the research _____
- 10) If you disagree with ANY of the above Questions, you will not complete This survey _____

The Factors Associated With Dietary Supplement Use Among College Students

Rank: _____ Age: _____ Sex: M F

Check one: I am a student from
_____ School of Allied Medical Professions
_____ Fisher College of Business

Usage

1) Have you ever taken or are you currently taking a dietary/herbal supplement(s)?
Y N

2) If yes, please list all. Be sure to include brand name

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

3) How long have you been taking this?

- _____ Less than one week
- _____ More than one week but less than one month
- _____ More than one month but less than three months
- _____ Three months and longer
- _____ Not currently taking but I took it for _____

4) What is the daily dosage? Please list all

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Beliefs/Knowledge

5) Why are you taking it?

- _____ To prevent illness
- _____ To make up for inadequate diet
- _____ To increase physical/athletic performance
- _____ To promote weight loss
- _____ To improve energy
- _____ To relieve stress/enhance mood
- _____ Other _____

Perceptions:

6) Was the dietary/herbal supplement effective? That is, does it seem to work?

Y N

7) Did you experience any side effects?

Y N

8) If yes, what were they?

_____ Nausea

_____ Vomiting

_____ Diarrhea

_____ Lightheadedness

_____ Rapid Heart Rate

_____ Other _____

Sources of information:

9) How did you hear about the supplement?

_____ Family

_____ Friends

_____ Health Food Store

_____ Magazine

_____ Newspaper

_____ Television

_____ Internet

_____ Health care professional, please specify (nurse, dietitian, etc) _____

Comparison Worksheet of the School of Allied Medicine (SAMP) and the
Fisher College of Business (FCOB)

1) Prevalence of use of supplements, especially among health and non health colleges?

	Overall	FCOB	SAMP
1) Prevalence of dietary/herbal supplement use	<u>37.6%</u>	<u>27.7%</u>	<u>17.7%</u>
2) Also, Difference between gender (p>0.001)			

2) What are the perceptions of, beliefs/knowledge comparison between schools?

Why are you taking it?	Overall	FCOB	SAMP
1) To prevent illness or disease	<u>32.8%</u>	<u>32.0%</u>	<u>35.5%</u>
2) To make up for inadequate diet	<u>32.8%</u>	<u>32.0%</u>	<u>35.5%</u>
3) To increase physical/athletic performance	<u>29.8%</u>	<u>29.1%</u>	<u>32.3%</u>
4) To promote weight loss	<u>32.1%</u>	<u>29.1%</u>	<u>41.9%</u>
5) To improve energy	<u>39.5%</u>	<u>37.9%</u>	<u>45.2%</u>
6) To relieve stress/enhance mood	<u>8.9%</u>	<u>8.9%</u>	<u>9.7%</u>
7) Other	<u>14.2%</u>	<u>15.5%</u>	<u>9.7%</u>

3) Was it effective?

(of n =126)	Overall	FCOB	SAMP
	<u>83.2%</u>	<u>85.3%</u>	<u>76.7%</u>

4) Did you experience any side effects? Overall 17.6% FCOB 13.7% SAMP 30.0%
(Yes)

If so what were they?	Overall	FCOB	SAMP
1)Nausea	<u>7.5%</u>	<u>5.8%</u>	<u>12.9%</u>
2)Vomiting	<u>0.07%</u>	<u>0</u>	<u>3.2%</u>
3)Diarrhea	<u>0.08%</u>	<u>1.9%</u>	<u>0</u>
4)Lightheadedness	<u>8.9%</u>	<u>7.8%</u>	<u>12.9%</u>
5)Rapid heart rate	<u>6.0%</u>	<u>4.9%</u>	<u>9.7%</u>
6)Other	<u>5.2%</u>	<u>6.8%</u>	<u>6.5%</u>

3) What are the sources of information of the two schools?

	Overall	FCOB	SAMP
1) Family			
2) Friends	<u>44.8%</u>	<u>45.6%</u>	<u>41.9%</u>
3) Health food store	<u>25.3%</u>	<u>24.3%</u>	<u>29.0%</u>
4) Magazine	<u>14.9%</u>	<u>10.7%</u>	<u>29.1%</u>
5) Newspaper	<u>0</u>	<u>1.0%</u>	<u>0</u>
6) Television	<u>12.7%</u>	<u>10.7%</u>	<u>19.4%</u>
7) Internet	<u>9.0%</u>	<u>7.8%</u>	<u>12.9%</u>
8) Health care professional	<u>8.2%</u>	<u>7.8%</u>	<u>1.0%</u>